

CITY OF ALEXANDRIA, VIRGINIA
PERSONAL DATA RECORD FORM
FOR
APPLICANTS TO CITY BOARDS, COMMISSIONS AND COMMITTEES

Name of Board, Commission, Committee or Authority

Type of Position

All appointments to City Boards and Commissions are made by the City Council through the Executive Secretary for Boards and Commissions. Please complete this application, return it to the Office of Citizen Assistance, and your application will be forwarded to the City Council. Please fill in all applicable blanks on the form. If additional space is needed to answer any of the questions, add the necessary pages to this form.

APPLICATIONS MUST BE TYPEWRITTEN OR PRINTED VERY CLEARLY
WITH A BLACK FELT PEN.

Name: (Last) (First) (Middle)

Home Address:

Home Phone No.

Business Phone No.

E-Mail Address:

FaxNo.:

Date of Birth:

Place of Birth:

Do you now live in the City of Alexandria? Yes No

Have you ever served the City of Alexandria in any capacity? Yes No

If yes, please explain:

Have you applied for a position on an Alexandria Board or Commission in the last six months? Yes No

If yes, state the names of the commissions for which you have applied:

Are you currently a member of a City Board, Commission, Committee or Authority? Yes No

If yes, list the board:

How many terms have you served on this board?

If you have served more than two consecutive terms on this board, state the special qualifications you possess which merit consideration for continued service:

Are you now paid by the City of Alexandria? Yes No

If yes, please state your department, job title and describe your duties:

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?
Yes No

If yes, please explain:

ATTENDANCE REQUIREMENTS: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled or unforeseen business trips, and emergency work assignments only. All other absences are recorded as unexcused.

In light of the above, will you be able to attend at least 75 percent of the regular meetings of the board to which you may be appointed? Yes No

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867?
Yes No

EDUCATIONAL BACKGROUND: (Please list certificates, diplomas, degrees, seminars, etc.)

SUMMARY OF WORK AND PRACTICAL EXPERIENCE: (List titles and duties for the past five years.)

SPECIAL QUALIFICATIONS:

REFERENCES: (Give names and addresses of four references.)

- 1.
- 2.
- 3.
- 4.

I, THE UNDERSIGNED APPLICANT, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

Signature of Applicant

SUPPLEMENTAL QUESTIONS

APPLICANTS FOR THE **PLANNING COMMISSION AND BOARD OF ZONING APPEALS**,
PLEASE COMPLETE THE FOLLOWING QUESTION:

Are you a citizen of the United States? Yes No

APPLICANTS FOR THE **BOARD OF ARCHITECTURAL REVIEW**,
PLEASE COMPLETE THE FOLLOWING QUESTION:

Have you been a resident of the City of Alexandria for at least one year? Yes No

APPLICANTS FOR THE **BOARD OF REVIEW OF REAL ESTATE ASSESSMENTS**,
PLEASE COMPLETE THE FOLLOWING QUESTION:

Do you own real property in the City of Alexandria? Yes No

APPLICANTS FOR THE **BUDGET AND FISCAL AFFAIRS ADVISORY COMMITTEE**,
PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Are you a resident of and residing in the City of Alexandria and will continue to do so during the term of appointment? Yes No

Are you an officer or director of any organization that receives appropriations or grants through the City of Alexandria? Yes No

APPLICANTS FOR THE **COMMUNITY SERVICES BOARD**,
PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Have you been a resident of the City of Alexandria for at least one year? Yes No

Are you a consumer (current or former direct recipient of public or private mental health, mental retardation or substance abuse treatment or rehabilitation) or immediate family member of a consumer or a principal care giver who is not paid? Yes No

Are you a consumer receiving services? Yes No

Are you an employee or board member of an organization which receives funding from any Community Services Board? Yes No

1, THE UNDERSIGNED APPLICANT, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

(Signature of Applicant)